



132156  
PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Graeme Colin McKinnon

: Art Unit: 2859

Serial No.: 10/722,975

: Examiner: Louis M. Arana

Filed: November 26, 2003

FOR: METHOD AND APPARATUS  
FOR MULTIPLE FIELD OF  
VIEW GRADIENT COILS

Mail Stop: Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

TRANSMITTAL

1. The following documents are enclosed:
  - Amendment Transmittal (3 pages, in duplicate)
  - Amendment in Response to Office Action dated October 20, 2004 (13 pages)
  - IDS Transmittal (2 pages, in duplicate)
  - IDS Form SB/08A (2 pages)
  - IDS Form SB/08B (1 page, with cited references CA and CB)
  - Return Postcard

STATUS

2. Applicant
  - ☐ claims small entity status.
  - ☒ is other than a small entity.

CERTIFICATE OF MAILING BY EXPRESS MAIL TO  
THE COMMISSIONER FOR PATENTS

Express Mail No. EL 977 935 256 US  
Date: January 20, 2005

I hereby certify that the documents listed above are being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 C.F.R. §1.10 on the date indicated above in an envelope addressed to Mail Stop: Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Alan L. Cassel, Reg. No. 35,842

**EXTENSION OF TERM**

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply.

(complete (a) or (b), as applicable)

- (a) \_\_\_\_\_ Applicant petitions for an extension of time under 37 C.F.R. 1.136  
(Fees: 37 C.F.R. 1.17(a)-(d) for the total number of months checked below:)

| Extension for response<br>within: | Other than small<br>entity Fee | Small entity Fee<br>(if applicable) |
|-----------------------------------|--------------------------------|-------------------------------------|
| _____ first month                 | \$ 120.00                      | \$ 60.00                            |
| _____ second month                | \$ 450.00                      | \$ 225.00                           |
| _____ third month                 | \$ 1,020.00                    | \$ 510.00                           |
| _____ fourth month                | \$1,590.00                     | \$ 795.00                           |
| _____ fifth month                 | \$2,160.00                     | \$1,080.00                          |

Fee: \$ \_\_\_\_\_

If an additional extension of time is required, please consider this a petition therefor.

*(Check and complete the next item, if applicable)*

\_\_\_\_\_ An extension of \_\_\_\_\_ months has already been secured. The fee paid  
therefor \$\_\_\_\_\_ is deducted from the total fee due for the total months  
of extension now requested.

Extension fee due with this request \$\_\_\_\_\_

OR

- (b)   X   Applicant believes that no extension of term is required. However, this  
conditional petition is being made to provide for the possibility that  
applicant has inadvertently overlooked the need for a petition for extension  
of time.

**FEE FOR CLAIMS**

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

|   | (Col. 1)                                  |       | (Col. 2)                              | (Col. 3)         | SMALL ENTITY               |    | OTHER THAN<br>SMALL ENTITY       |
|---|---|-------|---------------------------------------|------------------|----------------------------|----|----------------------------------|
|   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |       | HIGHEST NO.<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA | ADDITIONAL<br>RATE FEE     | OR | ADDITIONAL<br>RATE FEE           |
| TOTAL                                       | 13  | MINUS | 25                                    | =0               | x \$25.00 = \$             |    | x \$50.00 = \$0                  |
| INDEP.                                      | 7   | MINUS | 5                                     | =2               | x \$100.00 = \$            |    | x \$200.00 = \$400.00            |
| — FIRST PRESENTATION OF MULTIPLE DEP. CLAIM |   |       |                                       |                  | + \$180.00 = \$            |    | + \$360.00 = \$                  |
|   |   |       |                                       |                  | TOTAL ADDITIONAL<br>FEE \$ | OR | TOTAL ADDITIONAL<br>FEE \$400.00 |

(a) ☐ No additional fee for Claims is required

OR

(b) ☒ Total additional fee for claims required \$ 400.00

### FEE PAYMENT

5. Attached is a check in the sum of \$\_\_\_\_\_

☒ Charge Deposit Account No. 07-0845 the sum of \$400.00.  
A duplicate of this transmittal is attached.

### FEE DEFICIENCY

6. ☒ If any additional extension and/or fee is required, charge Deposit Account No. 07-0845.

AND/OR

☒ If any additional fee for claims is required, charge Deposit Account No. 07-0845.

7. ☐ Other:



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